Division of Program Compliance - Audits Branch 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

November 23, 2009

Karolyn Rim Stein, RN, Director Humboldt County Mental Health Branch 720 Wood Street Eureka, CA 95501

Dear Ms. Stein:

#### **AUDIT REPORT – HUMBOLDT COUNTY MENTAL HEALTH SERVICES**

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Humboldt County Mental Health Services for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

#### **Net Program Costs**

Federal Share of	Settled	Allowed	<u>Adjustment</u>
Short-Doyle/Medi-Cal	\$ 6,631,191	\$ 6,459,273	\$ (171,918)
Federal Share of Healthy Families/Medi-Cal	\$ 81,628	\$ 96,882	\$ 15,254
State General Funds EPSDT Due State	\$ 2,492,391	\$ 2,399,505	\$ (92,886)

If you disagree with any of the results of this audit, you may request an informal appeal conference.

Karolyn Rim Stein, RN, Director November 23, 2009 Page Two

This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

TONY GAAN, Supervisor

Audits - Bay and Central Region

**Enclosures** 

**Certified Mail** 

# HUMBOLT COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2005

NET REIMBURSABLE MEDI-CAL		_	As Settled	Audit Adjustments	As Audited
PROGRAM COSTS					
COUNTY PROVIDERS					
MEDI-CAL - FFP	(Sch. 2a)	\$	5,345,853 \$	(133,879) \$	5,211,974
HEALTHY FAMILIES - FFP	(Sch. 2a)		81,628	15,254	96,882
TOTAL FFP - COUNTY PROVIDERS	<b>,</b> ,	\$	5,427,481 \$		5,308,857
CONTRACT PROVIDERS					
MEDI-CAL - FFP	(Sch. 3b)	\$	1,285,338 \$	(38,039) \$	1,247,299
HEALTHY FAMILIES - FFP	(Sch. 3b)		0	0	0
TOTAL FFP - COTRACT PROVIDERS	•	\$	1,285,338	(38,039) \$	1,247,299
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS				
MEDI-CAL - FFP	<del></del> _	\$	6,631,191 \$	(171,918) \$	6,459,273
HEALTHY FAMILIES - FFP			81,628	15,254	96,882
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS	\$	6,712,819	(156,663) \$	6,556,156
SUMMARY OF STATE GENERAL FUNDS					
EPSDT - SGF	(Sch 4)	-	2,492,391	(92,886) \$	2,399,505

# HUMBOLT COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

#### COUNTY OPERATED FEDERAL

<u>CO</u>	ON I OTERATED PEDERAL					Audit	
				As Settled			4 - 4 4:4 - 4
Total	al Medi-Cal Gross Reimbursement		_	As Settleu	-	Adjustments	As Audited
	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	1,646,868	e	(168,237) \$	1,478,631
1. 2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	J.	8,037,889	J	(373,886)	7,664,003
	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0,037,009		(373,880)	7,004,003
3.	, ,			0		50,319	50,319
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)				•	•
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0	0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		21,368		1,167	22,535
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	_	92,797		20,167	112,964
9.	Total		\$=	9,798,922	- <sup>\$</sup> -	(470,470) \$	9,328,452
Les	s: Patient & Other Payor Revenues						
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	385,883	\$	0 \$	385,883
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		48,185		0	48,185
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0	0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0	0
15,	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0	0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0	0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0	0
18.	Total		\$_	434,068	\$	0 \$	434,068
Me	di-Cal Net Reimbursement for Direct Services						
	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	1,260,985	\$	(168,237) \$	1,092,748
	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		7,989,704		(323,567)	7,666,137
21.		(Ln 5 - Ln 14)		, , 0		0	. 0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0	0
23.	• • •	(Ln 7 - Ln 16)		21,368		1,167	22,535
24.	-	(Ln 8 - Ln 17)		92,797		20,167	112,964
	Total	(2.1.0 2.1.1)	\$_	9,364,854	_ s	(470,470)	
, 14	di Cal MAA Daimbuunau == 4						
	di-Cal MAA Reimbursement	(MIII070 I = 11 C-1 A)	e	^	r	^ (	r o
	Service Functions 01-09	(MH1979, Ln 11, Col. A)	Þ	0		0 5	\$ 0 0
	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0			_
	Service Functions 21-19	(MH1979, Ln 13, Col. A)		0	_	0	s 0
29.	Total		\$ =	0	= \$		• <u> </u>

# HUMBOLT COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL			As Settled	_	Audit Adjustments	As Audited
Amount Negotiated Rates Exceed Cost				_		
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 \$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0	_	0	0
36. Total		\$_	0	\$ <u>_</u>	0 \$	0
Medi-Cal Administrative Reimbursement						
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	1,848,788	\$	(96,475) \$	1,752,313
38. Medi-Cal Administration	(MH 1979, Ln 5)	s —	807,773	\$	262,225 \$	1,069,998
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$ <u></u>	807,773	\$	262,225 \$	1,069,998
Healthy Families Administrative Reimbursement						
40. Healthy Families Administrative Reimbursement Limit	: (MH1979, Ln 8)	\$	. 11,416	\$	2,134 \$	13,550
41. Healthy Families Administration	(MH1979, Ln 9)	\$	13,425	-	2,723 \$	16,148
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$_	11,416	\$ _	2,134 \$	
Utilization Review Reimbursement						
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	422,163	\$	(130,829) \$	291,334
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)		0	\$	142,969 \$	142,969
Net SD/MC Reimbursement - FFP						
45. Direct Services	(MH1979, Ln 16,16A)	\$	4,625,345	\$	(271,062) \$	4,354,283
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		32,708	32,708
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0	0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	0		0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	•	403,886		131,113	534,999
50. U.R. Skilled Professional	(MH1979, Ln 14)		316,622		(98,121)	218,501
51. U.R. Other	(MH1979, Ln 15)		0		71,484	71,485
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0	0
53. Subtotal- FFP	(, <u>.</u>	\$_	5,345,853	<b>-</b> \$	(133,879)	5,211,974
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0 5	. 0
55. Quality Assurance Review Results	(Adj # )	-	0		0	0
56. Total SD/MC Reimbursement - FFP		\$	5,345,853	\$	(133,879)	5,211,974
Net Healthy Families Reimbursement - FFP		-		=		<del></del>
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	74,207	\$	13,868	88,075
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	Ψ	74,207		0	00,075
59. Administrative Reimbursement	(MH1979, Ln 10)		7,421		1,386	8,807
60. Total Healthy Families Reimbursement - FFP	(A.M.112772, MH 10)	\$ _	81,628	<u> </u>	15,254	
61. Total - FFP (Ln 56 + Ln 60)		\$	5,427,481	2	(118,625)	5,308,856
51. 15mm (11 (20 55 - 20 50)		=	2,127,701	=	(110,020)	(To Sch. 1)

#### HUMBOLT COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

	(1)	(2)	(3)	(4)	(5)	(6)	771	(8)	(9)	(10)
	Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-Cai	Enhanced -	Enhanced -	Total	Healthy
Legal	and Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity	Gross Reimb.	Gross Reimb.	Gross Reimb.	(Excl. HFP)	Gross Reimb.	Gross Reimb.	Gross Reimb.	Gross Reimb.	(Excl. HFP)	Gross Reimb.
Number <u>Legal Entity</u>		) N P	A T I E					P. A T. L		
	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968	(MH 1968,	(MH 1968	(Col. 6 to 8)	(MH 1968,
	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)
00386 Milhous Children's Services, Inc. \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 :	0 \$	4,346 \$	0
00529 Willow Glen Care Center \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 9		20,475 \$	0
00653 Catholic Charities \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 :		128,714 \$	0
00743 Humboldt Family Service Center \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$		54,930 \$	0
00873 Humboldt Child Care Council \$	0 \$	0 \$	0 \$	0 \$	0 \$		13,085		635,466 \$	0
00874 REMI Vista, Inc. \$	0 \$	0 \$	0 \$	0 \$	0 \$		2,713		801,722 \$	0
00949 Crestwood Bahav. Health, Inc. \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$		580,820 \$	0
00972 TRTF \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$		55,354 \$	0
01024 Probation System of Care \$	0 \$	0 \$	0 \$	0 \$	0 \$		3,323		207,308 \$	0
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GRAND TOTAL \$	<u> </u>		0 \$		s	2,470,014 \$	19,121 \$		2,489,135 \$	

# HUMBOLT COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

Legal Entity <u>Number</u>	<u>Legal Entity</u>	]	(11). Total Revenue (Excl. HFP)  [N. P. A. T. S. (MH 1968, Ln 28 to 30)	#12} Healthy Families Revenue E.N. T	(13) Total Revenue (Excl. HFP) G.U.T.P (MH 1968, Ln 28 to 30)	(14) Healthy Families Revenue A T I E N T (MH 1968, Ln 31)		(15) Total Net Cost (Excl. HFP) (Col 4-11)		(16)  Net Cost salthy Families  N: T: (Col 5-12)	(17) Total Net Cost (Excl. HFP) O: U: T (Col 9-13)	(18)  Net Cost Healthy Families F A T I E 对于 (Col 10-14)	(N	(19) Total MAA FFP hbursement MH 1979, n 11-13)
00386	Milhous Children's Services, Inc.	\$	0 \$	0 \$	0	\$	0 8	<b>3</b> 0 :	\$	0 \$	4,346	<b>\$</b> 0	\$	0
00529	Willow Glen Care Center	\$	0 \$	0 \$	0	\$	0 5	3 0	\$	0 \$			\$	0
	Catholic Charities	\$	0 \$	0 \$	0	\$	0 5	5 0	\$	0 \$			\$	0
	Humboldt Family Service Center	\$	0 \$	0 \$	0	\$	0 9	•	\$	0 \$			\$	0
00873	Humboldt Child Care Council	\$	0 \$	0 \$	0	\$	0 5	3 0 :	\$	0 \$	635,466	\$ 0	\$	0
00874	REMI Vista, Inc.	\$	0 \$	0 \$	0	\$	0 5	<b>5</b> 0 :	\$	0 \$	801,722	\$ 0	\$	0
00949	Crestwood Bahav, Health, Inc.	\$	0 \$	0 \$	0	\$	0 5	0 :	\$	0 \$	580,820	\$ 0	\$	0
00972	TRTF	\$	0 \$	0 \$	0	\$	0 5	0 :	\$	0 \$	55,354	· \$ 0	\$	0
01024	Probation System of Care	\$	0 \$	0 \$	0	\$	0 5	0 :	\$	0 \$	207,308	\$ 0	\$	0
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	GRAND TOTAL	<b>s</b> _	0 \$	0 \$	0	\$	<u>o</u> \$	0	\$ <u></u>	0 \$	2,489,135	\$0	\$ <u></u>	0

#### HUMBOLT COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

		(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
		Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates	7-1-1 00/10	11 - 14 - C	~	~==	
Legal Entity		Exceed Costs (Excl. HFP)	Exceed Costs Healthy Families	Exceed Costs (Excl. HFP)	Exceed Costs Healthy Families	Total SD/MC Reimbursement	Healthy Families Reimbursement	Total Reimbursement	FFP Contract	Lower of FFP or Contract
Number	Legal Entity		THE NOT SEED A		TIENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
MUNDE	Legal Chary	(MH 1968,	(MH 1968	(MH 1968.	(MH 1968.	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)	· · · · · · · · · · · · · · · · · · ·	Maxillani
		Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)	(	()	(00.00)		
		•								
	Milhous Children's Services, \$	0 \$	0 \$	0 \$	0 \$			2,173 \$	28,465 \$	
00529	Willow Gien Care Center \$	0 \$	0 \$	0 \$	0 \$			10,238 \$ 64,357 <b>\$</b>	15,000 \$	10,238
00653	Catholic Charities \$	0 \$	0 \$	0 \$ 0 \$	0 \$			27,465 \$	112,000 \$ 67,500 \$	64,357
00743	Humboldt Family Service Ct \$	0 3	0 \$	0 \$	0 \$	27, <del>4</del> 65 <b>3</b> 319,696 \$		27,465 \$ 319,696 \$	325,443 \$	27,465
	Humboldt Child Care Counc \$	0 \$ 0 \$	0 \$ 0 \$	0 s	0.5	401,267 \$		401,267 \$	409,013 \$	319,696 401,267
00874	REMI Vista, Inc. \$		0.5	0 \$	0 3			290,410 \$	337,500 \$	290,410
	Crestwood Bahav. Health, Ir \$ TRTF \$	0 \$ D \$	0.5	0 \$	0 \$			27,677 \$	177,471 \$	27,677
00972	Probation System of Care \$	0.3	0.5	0 \$	0 \$			104,152 \$	104,016 \$	104,016
01024 0	D \$	0 \$	0.5	0 \$	0 \$	0 \$		0 \$	0 \$	104,010
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0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	Ü
C	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	• •	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	U
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	• •	- ·	0 \$	U
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
	GRAND TOTAL \$						0 \$	1,247,435 \$	1,576,408 \$	1,247,299

# HUMBOLT COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2005

		_	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A,	18) (including contractors)	\$	10,560,380	\$ (405,108) \$	10,155,272
(2) Total SD/MC Claims	(Adjs 72, 74 & 76)		10,793,376	(490)	10,792,886
(3) Percent % (Line 1/Line 2)		٠	0.9784	(0.0375)	0.9409
(4) EPSDT Claims	(Adjs 73,75 &77)		5,504,679	(490)	5,504,189
(5) Actual Cost Settled EPSDT SD/MC					
(Line 3 X Line 4)			5,385,778	(206,887)	5,178,891
(6) Cost Settled Baseline for EPSDT			367,939	0	367,939
(7) Net Cost Settlement Amount					
(Line 5 - Line 6)			5,017,839	(206,887)	4,810,952
(8) 50% of Cost Settlement Amount					
(Line 7 x 50%)			2,508,920	(103,444)	2,405,476
(8a) FY 2001-02 EPSDT Settlement					
(48.64% of net cost (8))			2,345,767	0	2,345,767
(8b) Annual Local Growth (L. 8 - 8a)			163,153	(103,444)	59,709
(9) County Match 10% of Local Growth (8b x 10%)			16,315	(10,344)	5,971
(10) Net Cost Settlement Amount (L. 8 - 9)	(Adj. 78)		2,492,605	(93,100)	2,399,505
(11) SGF Distribution (Settled and Audited)	(Adj. 81)		2,492,605	(214)	2,492,391
(12) SGF Due State		s -	0	\$ (92,886) \$	(92,886)
		=			(To Sch. 1)

#### Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2004-2005, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF distribution (See DMH letter dated August 30, 2004 sent to Local Mental Health Directors)

Note: This amount may include payments not yet made but scheduled to be released as soon as funding becomes available. It may also include payments made in error in FY 06, which will be reversed in FY 06 and rescheduled for payment when funding becomes available.

(12) Amount owed back to the state cannot be more than was paid.

Provide					Provider Number		No. of Adj.				l Ended
	HUMBOLT C				00012		82	4_	Jun	e 30,	2005
Adj.	Report Refe	1	Cal	EXPLANATION OF AUDIT ADJUSTMENTS			As Reported		Increase (Decrease)		As Adjusted
No.	Sch.	Line	Col.			+		+	<del></del> -	+	
				ADJUSTMENTS TO REPORTED COSTS							
1	MH 1960	1	С	MENTAL HEALTH EXPENDITURES		\$	21,456,179	\$	(17,446)	\$	21,438,733
				To adjust Mental Health Expenditures from MH 1960 to decrease Health Expenditures to agree with the County's records and supports documents.							
2	MH 1960	2	c	ENCUMBRANCES		\$	0	\$	17,446	\$	17,446
				To adjust the encumbrances to agree with the County's records a supporting documentation.	nd						
3	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY)		\$ .	(3,581,883)	\$	629,786	\$	(2,952,097)
	,			To adjust the payments to contract providers to agree with the Co records and supporting documentation.	unty's						
4	MH 1960	4	С	OTHER ADJUSTMENTS		\$	(1,997,603)	\$	(764,329)	\$	(2,761,932)
				To adjust other adjustments to reclassify IMD expenditures that we with the "Payments to Contract Providers" (MH 1960, Line 3) of the Jail services were eliminated and self-insurance reflects the actual made.	e cost report.						
5	MH 1960	6	С	MEDI-CAL ADJUSTMENTS FROM MH 1961		\$	(30,126)	\$	43,054	\$	12,928
	,	 		To adjust Medi-Cal Adjustments from MH 1961 to reflect the chan applied costs, fixed assets and allowable depreciation costs.	ges to the						
6	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$	15,846,567	\$	(91,489)	\$	15,755,078
				To adjust allowable costs for allocation to reflect the effect of adjust 1 through 5 above.	stments						
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.							

Provider	<del></del>				Provider Number	No. of Adj.	Fiscal I	Period Ended
	HUMBOLT C	OUNTY			00012	82	June	30, 2005
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS	Reported	(Decrease)	Adjusted
INO.	<u>3CII.</u>	Line	001.	AD HIGHMENITO TO REPORTED COSTS				
				ADJUSTMENTS TO REPORTED COSTS				
7	MH 1960	9	С	SD/MC ADMINISTRATION		\$ 807,773	\$ 379,570 \$ 6,308	\$ 1,187,343 * \$ 19,733 *
8	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION		\$ 13,425 \$ 274,463	\$ 128,969	\$ 403,432 *
9	MH 1960	11 12	C	NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$ 1,095,661	\$514,847	\$ 1,610,508
10	MH 1960	12	'	TOTAL ADMINISTRATIVE COSTS			· <del></del>	
Ì				To adjust SD/MC, Healthy Families and Non-SD/MC administratio	n costs as a		Ť	
				result of adjustments 1 through 5 above. The distribution between	SD/MC	l.		
				Healthy Families and Non-SD/MC administrative costs were based	on the			
<u> </u>				reported administrative costs reflected on the original cost report.			1	
11	MH 1960	9	С	SD/MC ADMINISTRATION	*	J 1, 107,343	\$ (117,345)	\$ 1,069,998
12	MH 1960	10	Ċ	HEALTHY FAMILIES ADMINISTRATION	**	19,733	\$ (3,585)	\$ 16,148
13	MH 1960	11	c	NON-SD/MC ADMINISTRATION	**	\$ 403,432 \$ 1,610,508	\$ <u>120,930</u>	\$ 524,362 \$ 1,610,508
1	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS		\$	3	1,010,300
				To allocate SD/MC, Healthy Families and Non-SD/MC administrat	ive costs			
				based on the gross cost method of allocation. The County could r	ot demonstrate			
				the method used to distribute the costs between the above categor	ries, therefore,			
				the auditor utilized a reasonable and acceptable method.				
	141.14000	1 42	c	SKILLED PROFESSIONAL MEDICAL PERSONNEL		\$ 422,163	\$ (130,829)	\$ 291,334
14 15	MH 1960 MH 1960	13 14		OTHER SD/MC UTILIZATION REVIEW		\$ 0	\$ 142,969	\$ 142,969
16	MH 1960	15	l č l	NON-SD/MC UTILIZATION REVIEW		\$208,819	\$(13,729)	\$ 195,090
17	MH 1960	16	С	TOTAL UTILIZATION REVIEW COSTS		\$ 630,982	\$(1,589)	\$ 629,393
				To adjust utilization review costs to agree with the County's record	e and			
				supporting documents. The gross cost method of allocation was u	s and Itilized			
				since the County could not support a reasonable or acceptable me	ethodology.			
				Since the County votal metapped and an arrangement				
]				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.		<del></del>		

Provider	,	<del></del>			Provider Number	No. of Adj.		Period Ended
	HUMBOLT C	OUNTY			00012	82	June	30, 2005
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	MENTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO ALLOCATION OF COSTS  MODES OF SERVICE	<u>TO</u>			
18 19 20 21 22 23	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	2 4 5 6 8	A A A A	HOSPITAL INPATIENT SERVICES (MODE 05 - SFC 10-19) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAI OUTREACH SERVICES (MODE 45) SUPPORT SERVICES (MODE 60)  TOTAL  To reflect adjustments 1 through 5 above.	M 2)	\$ 2,796,998 \$ 1,067,080 \$ 9,870,754 \$ 231,739 \$ 153,353 \$ 14,119,924	\$ 7,875 \$ 12,998 \$ (240,528) \$ (231,739) \$ (153,353) \$ (604,747)	\$ 2,804,873 \$ 1,080,078 \$ 9,630,226 \$ 0 \$ 0
				ADJUSTMENTS TO REPORTED TOTAL UNITS OF S	ERVICE/TIME			
24 25 26 27 28	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2 2	B C D E F	SFC 15-01 (Page 1 of 1) SFC 15-10 (Page 1 of 1) SFC 15-30 (Page 1 of 1) SFC 15-60 (Page 1 of 1) SFC 15-70 (Page 1 of 1)		1,146,769 210,157 1,318,280 906,814 223,901	(3,557) (485) (91,767) (33,268) (1,971)	1,143,212 209,672 1,226,513 873,546 221,930
29 30 31	MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2	CDEJ	1234 SFC 15-60 1234 SFC 15-69 1235 SFC 15-30 12zz SFC 15-30 To adjust the total units of time to agree with the County's record documents. The source document was the CMHC Report 131.	Program 2 Program 2 Program 2 Program 2 s and supporting	3,320 0 114,055 6,465	(3,320) 3,320 (690) 0	0 3,320 113,365 6,465
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	<u> </u>	<del>_</del>			Provider Number	No. of Adj.		eriod Ended
	HUMBOLT CO	YTNUC			00012	82	June	30, 2005
	Report Refe	rence				As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENIS 	Reported		Adjusted
	_			ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN			,	
32 33 34 35 36 37 38 39 40	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/05 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/05 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL	5 5	789,694 2,210,354 9,989 21,974 0 0 0 8,612 26,620 3,067,243	(40,883) (70,508) 2,458 6,011 3,175 20,678 0 225 7,913 (70,931)	748,811 * 2,139,846 * 12,447 * 27,985 * 3,175 * 20,678 * 0 * 8,837 * 34,533 * 2,996,312 *
41 42 43	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the above mentioned settled units of service/time for the Operated facilities to agree with the State DMH Approved Claims dated February 24, 2009 (Excluding disallowed claims of 83,575 submitted workpapers to the County which shows the details of the adjustments. Phase II was included.  MEDI-CAL UNITS 07/01/04 - 09/30/05 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/05 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the State DMH Approved Claims Report dated Februar the results of the EPSDT audit findings. This audit was conducted DMH Oversight Branch.	Report uos/uot). The auditor ne above  **  5  **  **  **  **  **  **  **  **	748,811 2,139,846 12,447 27,985 3,175 20,678 0 8,837 34,533 2,996,312	(56) (157) 0 0 0 0 0 0 0 (213)	748,755 * 2,139,689 * 12,447 * 27,985 * 3,175 * 20,678 * 0 * 8,837 * 34,533 * 2,996,099 *
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provider	- <del></del>				Provider Number	No. of Adj.		eriod Ended
	HUMBOLT CO	YTNUC			00012	82	June	30, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line_	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNIT COUNTY PROVIDERS - PROGRAMS 1 AND	<u>S/TIME</u> 0.2	·		
44 45 46	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/05 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 06/30/05 TOTAL	** ** ** ** ** ** ** **	748,755 2,139,689 12,447 27,985 3,175 20,678 0 8,837 34,533 2,996,099	(256) 784 0 0 0 (315) 0 0 213	748,499 * 2,140,473 * 12,447 * 27,985 * 3,175 * 20,363 * 0 * 8,837 * 34,533 * 2,996,312 *
				To adjust the SD/MC, Enhanced and Healthy Families units of ser to agree with the County's records (The County's records already 83,575 uos/uot entered into the DCS) and supporting documents. submitted work papers to the County which shows details of the aladjustments. Phase II was included.	deducted the The auditor	1		
48 49 50 51	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/05 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/05 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the above mentioned units of service/time to reclassify Duot that were inappropriately included as Medi-Cal uot in the Cour	*** ** ** ** ** ** ** ** ** ** ** ** **	748,499 2,140,473 12,447 27,985 3,175 20,363 0 8,837 34,533 2,996,312	53 694 0 0 (53) (694) 0 0	748,552 * 2,141,167 * 12,447 * 27,985 * 3,122 * 19,669 * 0 * 8,837 * 34,533 * 2,996,312 *
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.	Fiscal P	eriod Ended
	HUMBOLT CO	YTNUC			00012	82	June	30, 2005
	Report Refe	rence				As	Increase	As Adjusted
Adj. No.	Form/ Sch.	Line_	Col.	EXPLANATION OF AUDIT ADJUSTN	MENTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN				
52 53 54	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/05 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/05 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL	*** ** ** ** ** **	748,552 2,141,167 12,447 27,985 3,122 19,669 0 8,837 34,533 2,996,312	(56) (157) 0 0 0 0 0 0 0 0 (213)	748,496 * 2,141,010 * 12,447 * 27,985 * 3,122 * 19,669 * 0 * 8,837 * 34,533 * 2,996,099 *
55 56 57 58	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the County's records to incorporate the results of the E findings. This audit was conducted by the State DMH Oversight MEDI-CAL UNITS 07/01/04 - 09/30/05 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/05 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the above mentioned units of service/time to incorporat of the lower of DMH approved units vs. the County's records by Sauditor submitted work papers to the County which shows details adjustments. Phase II was included.	Branch.  **  **  *5  **  **  **  **  te the controls  SFC. The	748,496 2,141,010 12,447 27,985 3,122 19,669 0 8,837 34,533 2,996,099	259 (1,321) 0 0 53 1,009 0 0	748,755 2,139,689 12,447 27,985 3,175 20,678 0 8,837 34,533 2,996,099
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.		eriod Ended
	HUMBOLT CO	YTNUC			00012	82	June	30, 2005
	Report Refe	rence			•	As	Increase	. As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNIT CONTRACT PROVIDERS	<u>rs/time</u>			
59 60 61 62 63	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/05 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/05 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the above mentioned settled units of service/time for the Provider facilities to agree with the State DMH Approved Claims F dated February 24, 2009 (Excluding disallowed claims of 10,720 of submitted workpapers to the County which shows the details of the	e Contract Report uos/uot). The auditor	155,897 866,740 0 0 0 0 0 0 0 1,022,637	739 (19,135) 0 0 360 9,722 0 0 0 (8,314)	156,636 * 847,605 * 0 * 0 * 360 * 9,722 * 0 * 0 * 1,014,323 *
	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	adjustments. Phase II was included.  MEDI-CAL UNITS 07/01/04 - 09/30/05 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/05 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the State DMH Approved Claims Report dated February the results of the EPSDT audit findings. This audit was conducted DMH Oversight Branch.	*** 5 ** ** ** ** ** ** ** ** ** ** ** *	156,636 847,605 0 0 360 9,722 0 0 0 1,014,323	0 0 0 0 0 0 0 0	156,636 * 847,605 * 0 * 0 * 360 * 9,722 * 0 * 0 * 1,014,323
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.	·			

Provide	г				Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	HUMBOLT C	OUNTY	· 		00012	82	June	30, 2005
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	IENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	TS/TIME			
64 65	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/05  MEDI-CAL UNITS 10/01/04 - 06/30/05  MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/05  MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05  ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05  ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05  ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05  HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/05  TOTAL		156,636 847,605 0 0 360 9,722 0 0 0	0 3,337 0 0 0 (3,337) 0 0	156,636 * 850,942 * 0 * 0 * 360 * 6,385 * 0 * 0 * 1,014,323 *
66	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the SD/MC, Enhanced and Healthy Families units of set to agree with the County's records (The County's records already 10,720 uos/uot entered into the DCS) and supporting documents. submitted work papers to the County which shows details of the a adjustments.  MEDI-CAL UNITS 07/01/04 - 09/30/05 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/05 TOTAL  To adjust the above mentioned units of service/time to incorporate of the lower of DMH approved units vs. the County's records by SI auditor submitted work papers to the County which shows details adjustments. Phase II was included.	deducted the The auditor bove  ***  ***  **  **  **  **  **  **  **	156,636 850,942 0 0 360 6,385 0 0 0 1,014,323	0 (3,337) 0 0 0 3,337 0 0 0	156,636 * 847,605 * 0 * 0 * 360 * 9,722 * 0 * 0 * 0 * 1,014,323
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

Provide				<del></del>	Provider Number	T	No. of Adj.				Ended
	HUMBOLT C				00012	<b>-</b>	82	-	Jun	e 30, 2	2005 
Adj.	Report Refe	erence		EXPLANATION OF AUDIT ADJUSTN	IENTS		As Reported	Increase (Decrease)			As Adjusted
No.	Sch.	Line	Col.			+-		+		-	
				ADJUSTMENTS TO REPORTED SD/MC SETTL COUNTY PROVIDERS	EMENT						
68 69	MH 1979 MH 1979	23 27	J J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SE TOTAL HEALTHY FAMILIES REIMBURSEMENT	0/MC)	\$ \$	5,345,853 81,628	\$ \$	(133,879) 15,254	\$ \$	5,211,974 96,882
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Familion to adjustments to costs, units of service/time.	es (FFP) due						
				ADJUSTMENTS TO REPORTED SD/MC SETTL CONTRACT PROVIDERS	<u>EMENT</u>						
70	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SE TOTAL HEALTHY FAMILIES REIMBURSEMENT	/MC)	\$ \$	1,285,338 0	\$ \$	(38,039) 0	\$ \$	1,247,299 0
				To adjust the SD/MC (FFP) due to adjustments to units of service	/time.						
				Milhous Willow Glen Care Center Catholic Charities Humboldt Family Service Center Humbuldt Child Care Council REMI VISTA, Inc. Crestwood Behavior Health TRTF Probation System of Care		\$   	27,814 12,480 67,004 28,725 318,203 401,543 297,880 27,677 104,012	\$       s -	(25,641) (2,242) (2,647) (1,260) 1,493 (276) (7,470) 0 4	\$       s	2,173 10,238 64,357 27,465 319,696 401,267 290,410 27,677 104,016
	·			* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.			1,200,000	*=		*==	112-1112-00

Provide					Provider Number		No. of Adj.				Ended	
	HUMBOLT C				00012	<u> </u>	82	-	Jun	30,	2005	
Adj.	Report Refe			EXPLANATION OF AUDIT ADJUSTMEN	NTS		As Reported	Increase (Decrease)		As Adjuste		
No.	Sch.	Line	Col.				<del></del> -	+-		-		$\dashv$
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENER	AL FUNDS	ļ						
71	SCH 4	1	3	SD/MC ACTUALS		\$	10,560,380	\$	(405,108)	\$	10,155,272	
		5 5 5 5 5		To adjust SD/MC actuals as a result of adjustments to total computate as reflected in the MH 1979 forms for both the County Program and it providers. The amounts utilized for this purpose was SD/MC and EnOutpatient services only.	ts contract							
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENER	AL FUNDS							
72 73	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		\$ \$	10,793,376 5,504,679	\$ \$	(39,712) (39,712)	\$ \$	10,753,664 5,464,967	:
				To adjust total SD/MC claims and EPSDT claims to include the result audit of the EPSDT Program conducted by the State Department of Noreflected in the report dated March 3, 2008. The Report covered the July 1, 2004 through June 30, 2005. This represents the original reco	flental Health as period from	   						
74 75	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	\$ \$	10,753,664 5,464,967	\$ \$	39,712 39,712	\$	10,793,376 5,504,679	*
				To adjust total SD/MC claims and EPSDT claims to reverse the origin included in adjustments 74 and 75 above. The revised findings affect Claims and EPSDT Claims" will be taken in adjustments 68 and 69 be	ting "Total SD/MC							
76 77	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	\$ \$	10,793,376 5,504,679	\$ \$	(490) (490)	\$	10,792,886 5,504,189	
				To adjust total SD/MC claims and EPSDT claims to include the result revised audit of the EPSDT Program conducted by the State Departm as reflected in the report dated March 3, 2008. The Report covered to July 1, 2004 through June 30, 2005. This represents the revised reco	nent of Mental Health he period from							
				* Balance carried forward to subsequent adjustment.  * Balance brought forward from prior adjustment.								

Provider				· · · · · · · · · · · · · · · · · · ·	Provider Number	$T^-$	No. of Adj.	Ī	Fiscal	Period	Ended
	HUMBOLT C	COUNTY		,	00012		82	<u> </u>	June	30, 2	005
	Report Ref	erence					As		Increase	1	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS 	_	Reported	_	(Decrease)	<u> </u>	Adjusted
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN	ERAL FUNDS			1			
78	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$	2,492,605	\$	(93,100)	\$	2,399,505
				To adjust net cost settlement amount as a result of adjustments to (Total Computable Medical), total SD/MC claims and EPSDT clair							
79	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		\$	2,492,605	\$	(17,366)	\$	2,475,239 *
				To adjust State General Fund Distribution to include the results of audit of the EPSDT Program conducted by the State Department reflected in the report dated March 3, 2008. The Report covered t July 1, 2004 through June 30, 2005. This represents the SGF orig	of Mental Health as the period from						
80	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	*	<b>*</b> s	2,475,239	\$	17,366	\$	2,492,605 *
				To adjust State General Fund Distribution to reverse the original S included in adjustment 81 above. The revised findings affecting "S Distribution" will be taken in adjustments 83 below.							
81	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	*	<b>-</b> s	2,492,605	\$	(214)	\$	2,492,391
				To adjust the State General Fund Distribution to reflect the results findings included in the final report dated March 3, 2008.	of the revised EPSDT						
Ì											
[											
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				* Balance carried forward to subsequent adjustment.							
<u>_</u>				** Balance brought forward from prior adjustment.				<u> </u>			

Provider					Provider Number	No. of Adj.	1	Period Ended
	HUMBOLT C	OUNTY			00012	82	June	30, 2005
	Report Refe	erence		TYPI ANATION OF AUDIT AD HIGTE	TAITO	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Coi.	EXPLANATION OF AUDIT ADJUSTN		Reported	(200,000)	- Agusteu
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN	IERAL FUNDS			
82	SCH 4	12	3	STATE GENERAL FUNDS DUE STATE		\$ 0	\$ (92,886)	\$ (92,886)
				To adjust State General Funds due State as a result of adjsutmer Cost Settlement Amount and State General Fund Distribution as	nts to follows:			
				Audited Net Cost Settlement Amount Adj. 78 Audited State General Fund Distribution Adj. 81	\$ 2,399,505 2,492,391			
	ı			Net State General Funds due to State	\$ (92,886)			
				•				
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.			<u> </u>	

#### **CALCULATION OF PROGRAM COSTS**

MH 1960 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: HUMBOLT COUNTY County Code: 12

Legal Entity: HUMBOLT COUNTY	A	В	C
Legal Entity Number: 00012	Salaries		Total
	and Benefits	Other	Costs
1 Mental Health Expenditures	12,745,132	8,693,601	21,438,733
2 Encumbrances		17,446	17,446
3 Less: Payments to Contract Providers (County Only)		(2,952,097)	(2,952,097)
4 Other Adjustments from MH 1962		(2,761,932)	(2,761,932)
5 Total Costs Before Medi-Cal Adjustments	12,745,132	2,997,018	15,742,150
6 Medi-Cal Adjustments from MH 1961		12,928	12,928
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			15,755,078
Administrative Costs (County Only)			
9 SD/MC Administration			1,069,998
10 Healthy Families Administration			16,148
11 Non-SD/MC Administration			524,362
12 Total Administrative Costs			1,610,508
L.L			
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			291,334
14 Other SD/MC Utilization Review			142,969
15 Non-SD/MC Utilization Review			195,090
16 Total Utilization Review Costs			629,393
L.L			
17 Research and Evaluation (County Only)			
18 Mode Costs (Direct Service and MAA)			13,515,177
19 Total Costs - Lines 9 through 18			15,755,078

#### MEDI-CAL ADJUSTMENTS TO COSTS

MH 1961 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: HUMBOLT COUNTY
County Code: 12

	Legal Entity: HUMBOLT COUNTY	A	B	С
Leg	gal Entity Number: 00012	Salaries		Total
		and Benefits	Other	Adjustments
1	Fixed Assets		(126,842)	(126,842)
2	Depreciation		96,717	96,717
3				
4	To adjust fixed assets to reflect actual purchases		<u>84,860</u>	<u>84,860</u>
5	To adjust depreciation to reflect audited depreciation		(49,141)	(49,141)
6	To adjust PRG & Grant depreciation		(1,203)	(1,203)
7	To include Admin. Depreciation		8,537	
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
	Total Adjustments		12,928	12,928

#### OTHER ADJUSTMENTS

MH 1962 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: HUMBOLT COUNTY
County Code: 12

Legal Entity:	HUMBOLT COUNTY	Α	В	C
Legal Entity Number:	00012	Salaries		Total
		and Benefits	Other	Adjustments
1 Healthy Moms Program	m		45,952	45,952
2 Excluded Expenses			(1,523,179)	(1,523,179)
3 Grant Programs	·		(137,822)	(137,822)
4 Payments to IMD Prov	viders		(318,886)	(318,886)
5 Clearing			(36)	(36)
6 Over/Short			10	10
7 MHSA planning costs			(63,642)	(63,642)
8				
9		<u> </u>		
10 Reclassify IMD costs f	rom Contractor payments to other adjustments	<u> </u>	(631,066)	(631,066)
11				
12 To eliminate jail servic	es		(322,909)	(322,909)
13				
14 To adjust self-insurance	ce to actual		189,646	189,646
15				
16			-	
17				
18				
19				
20 Total Adjustment	5		(2,761,932)	(2,761,932)

#### **PAYMENTS TO CONTRACT PROVIDERS**

MH 1963 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: HUMBOLT COUNTY

County Code: 12

Α	В	С	D .
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1	Catholic Charities	00653	137,915
2	Crestwood Behav. Health, Inc.	00949	595,760
3 .	Humboldt Child Care Council	00873	661,128
4	Humboldt Family Service Center	00743	57,450
5	Milhous Children's Services, Inc.	00386	49,522
6	Probation System of Care	01024	259,532
7	Remi Vista, Inc.	00874	827,670
8	Transitional Residential Treatment Facilities, Inc.	00972	338,160
9	Willow Glen Care Center	00529	24,960
10			
11			
12			
13_			<u> </u>
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24 25 26 27			
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29	<del></del>		
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32			
33			
30 31 32 33 34 35 36 37 38			
35			
36	-		
37			
38			
-4136	Total Payments to Contract Providers		2,952,097

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

#### ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: HUMBOLT COUNTY County Code: 12

	Legal Entity: HUMBOLT COUNTY	A
Le	gal Entity Number: 00012	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	13,515,177
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	2,804,873
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	1,080,078
5	Outpatient Services (Mode 15 Program 1 + Program 2)	9,630,226
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	13,515,177

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: HUMBOLT COUNTY

County Code: 12		CR	CR					
Legal Entity: HUMBOLT COUNTY	_ A_	B	C	D	E	F	G	
Legal Entity Number: 00012	Mode Total	Service Function	Service	Service	Service	Service	Service	
Mode: 05 - Hospital Inpatient Services	Mode: 05 - Hospital Inpatient Services (SFC 10-19)			Function	Function	Function	Function	Function
		100.00%	10 75.42%	19 24,58%				
1 Allocation Percentage					<b>1</b>			
2 Total Units								ļ
3 Gross Cost	ariana ari	2,804,873	2,115,298	689,575	************	 		<u> </u>
4 Cost per Unit			751.17	751.17				
5 SMA per Unit			913.58	236.82				
6 Published Charge per Unit			825.00	825.00				Ĺ
7 Negotiated Rate / Cost per Unit	<del> </del>						<b></b>	<u> </u>
8	07/01/04 - 09/30/04		274	44				<u> </u>
Medi-Cal Units	10/01/04 - 06/30/05		879	253				j
0	07/01/04 - 09/30/04		116				i — —	<u> </u>
9A Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05		536					T
Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04							T
10A Enhanced SD/Mic (Children) Onics	10/01/04 - 06/30/05							
108 Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
Healthy Families (SED) Units	07/01/04 - 09/30/04		21	9				
11A	10/01/04 - 06/30/05							
12 Non-Medi-Cal Units			990	612				
13 Modi Cal Costs (05/19 is limited to SMA)	07/01/04 - 09/30/04	227,084	205,821	21,263	us i successor Filter (1975)	<u></u>	eretetetetetetetete	***************************************
13A Medi-Cal Costs (05/19 is limited to SMA)	10/01/04 - 06/30/05	761,783	660,279	101,504				l
14	07/01/04 - 09/30/04	271,584	250,321	21,263				
Medi-Cal SMA Upper Limits	10/01/04 - 06/30/05	904,541	803,037	101,504				
15	07/01/04 - 09/30/04	262,350	226,050	36,300				
15A Medi-Cal Published Charges	10/01/04 - 06/30/05	933,900	725,175	208,725				
16 Mardi Cal Magazintad Rates	07/01/04 - 09/30/04							
Medi-Cal Negotiated Rates	10/01/04 - 06/30/05							
17 Madisors/Madi Cal Consequer Conta	07/01/04 - 09/30/04	87,136	87,136		<u></u>	**************	<u> </u>	ngan-ngan
17A Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05	402,628	402,628					
18	07/01/04 - 09/30/04	105,975	105,975					
18A Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05	489,679	489,679					
10	07/01/04 - 09/30/04	95,700	95,700					
19A Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05	442,200	442,200					
20 Madissandi Cal Cassas as Nasatista d Datas	07/01/04 - 09/30/04							
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05							
21 Falanced SDRIC (Children) Conta	07/01/04 - 09/30/04		<u> </u>	<u>alian arang dalam</u>	700000 <u>0</u> 70000			<u> Madadina</u>
Enhanced SD/MC (Children) Costs	10/01/04 - 06/30/05	<del>                                     </del>						
22	07/01/04 - 09/30/04							<del></del>
Enhanced SD/MC (Children) SMA Upper Limits	10/01/04 - 06/30/05							
73	07/01/04 - 09/30/04							
Enhanced SD/MC (Children) Published Charges	10/01/04 - 06/30/05	<del>                                     </del>						
24	07/01/04 - 09/30/04	I						
Enhanced SD/MC (Children) Negotiated Rates	10/01/04 - 06/30/05							
25 Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05			<u></u>	<u> </u>	1544-1 <u>2</u> 45-135-1	. <del> </del>	<u>eğənəyəyə</u>
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	<del>                                     </del>			<del></del>	<del></del>		
27 Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05	<del>  </del>				<del></del>		
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
<u>, and the control of a configuration of the config</u>				البيتينية			0.50	<u> </u>
Healthy Families Costs	07/01/04 - 09/30/04	22,535	15,775	6,761				
29A 1 Calary 1 arrining 3 Costs	10/01/04 - 06/30/05	10 105	10 105					
300 30A Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	19,185	19,185					
24	10/01/04 - 06/30/05	24 750	17 275	7,425	+	<u>-</u>	——— i	
31 31A Healthy Families Published Charges	07/01/04 - 09/30/04 10/01/04 - 06/30/05	24,750	17,325	1,425	$\longrightarrow$	$\longrightarrow$		
22	07/01/04 - 09/30/04						<del></del>	
Healthy Families Negotiated Rates	10/01/04 - 06/30/05	+	<del>+</del>			<del></del>	<del></del>	
	10/01/04 - 00/30/03	nice entre				onočena i	0.0000000000000000000000000000000000000	
3 Non-Medi-Cal Costs		1,303,707	743,659	560,047		i		

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: HUMBOLT COUNTY

	County: HUMBOLT COUNTY County Code: 12			CR	CR	CR			
	Legal Entity: HUMBOLT COUNTY		1 A	В	С	Гр	E	T F	G
Lec	gal Entity Number: 00012		1	Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
			Ī	20	91	96			
1	Allocation Percentage		100.00%	79.47%					
2	Total Units			14,496	2,117	1,342	<u> </u>		
3	Gross Cost	1,080,078	858,289	111,481	110,308	L	1		
4	Cost per Unit	<u></u>		59.21	52.66	82.20			
5	SMA per Unit			88.42	78.64	122.75			
6	Published Charge per Unit			80.00	55.00	90.00			
7	Negotiated Rate / Cost per Unit								
8		07/01/04 - 09/30/04		2,382		350			**************************************
8A	Medi-Cal Units	10/01/04 - 06/30/05		6,593		730		<del></del>	1 ———
9		07/01/04 - 09/30/04						<del> </del>	
9A	Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05			<del> </del>	<del>                                     </del>		<b>-</b>	
10	5 have 4 000 040 (05 th a 2 ) (1 a th	07/01/04 - 09/30/04						1	
10A	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05		36	<del></del>			· · · · ·	<del>                                     </del>
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05			i -				<u> </u>
11		07/01/04 - 09/30/04		35	1	32			1
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05		38		13		ļ	i ———
12	Non-Medi-Cal Units			5,412	2,117	217			
	<u>ina antono antono in antono a</u>	07/01/04 00/20/04	100 00 4		1100 E 1100 E 1100 E			<u> </u>	<u> </u>
13 13A	Medi-Cal Costs	07/01/04 - 09/30/04 10/01/04 - 06/30/05	169,804 450,366	141,035 390,363	<b>∤</b>	28,769 60,004		<del> </del>	<del> </del> -
13A		07/01/04 - 09/30/04						ļ	
14A	Medi-Cal SMA Upper Limits	10/01/04 - 09/30/04	253,579 672,561	210,616 582,953	<u> </u>	42,963 89,608		<b>├</b> ──	
15		07/01/04 - 09/30/04	222,060	190,560		31,500		<del></del>	l ———
15A	Medi-Cal Published Charges	10/01/04 - 06/30/05	593,140	527,440		65,700		<del>                                     </del>	<del></del>
16		07/01/04 - 09/30/04	393,140	327,440		03,700		<del> </del>	
16A	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05						<del> </del>	
2.2.2.	<u>ਫ਼ਫ਼ਜ਼ਜ਼ਜ਼ਫ਼ਫ਼ਜ਼ਖ਼ਲ਼ਫ਼ਜ਼ਜ਼ੑਜ਼ਲ਼ਜ਼ੑਜ਼ਲ਼ਜ਼ਜ਼ਜ਼ਲ਼ਜ਼ਜ਼ਖ਼ਲ਼ਲ਼ਜ਼ਜ਼ੑਜ਼ਲ਼ਗ਼ਗ਼ਗ਼</u>	eran er	110,000,000,000	(2), 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	<u></u>	<u> </u>	<u> </u>	<u> </u>	. <u></u>
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04						<b> </b>	
17A		10/01/04 - 06/30/05							<u> </u>
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04	<del></del>					<del></del>	
18A 19		10/01/04 - 06/30/05 07/01/04 - 09/30/04						<b> </b>	
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05	<b> </b>		<u> </u>				
20		07/01/04 - 09/30/04	<del></del>						
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05	-		<del></del>			<del>                                     </del>	
					ere ere ere ere ere	<u> </u>			
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04							
21A		10/01/04 - 06/30/05	2,132	2,132					
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04							
22A		10/01/04 - 06/30/05	3,183	3,183					
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04				L		L	
23A		10/01/04 - 06/30/05	2,880	2,880					
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04	L		L			<b></b>	
24A		10/01/04 - 06/30/05	101000000000000000000000000000000000000	***************************************					
	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05							
	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
29		07/01/04 - 09/30/04	4,703	2,072		2,630	· · · · · · · · · · · · · · · · · · ·	<del></del>	
29A	Healthy Families Costs	10/01/04 - 06/30/05	3,318	2,250		1,069			
30		07/01/04 - 09/30/04	7,023	3,095		3,928			
30A	Healthy Families SMA Upper Limits	10/01/04 - 06/30/05	4,956	3,360		1,596			
21		07/01/04 - 09/30/04	5,680	2,800		2,880		-	
31A	Healthy Families Published Charges	10/01/04 - 06/30/05	4,210	3,040		1,170			
32		07/01/04 - 09/30/04	.,_,_			—— <u>-::</u>			
32A	Healthy Families Negotiated Rates	10/01/04 - 06/30/05		<del></del>					
			440 755	200 40-	14.140	42.00	000000000		200000000000
33	Non-Medi-Cal Costs		449,755	320,437	111,481	17,837			1

MH 1966 (Rev. 7/05)

PAGE 1 OF 2 FISCAL YEAR 2004 - 2005

	County: HUMBOLT COUNTY County Code: 12			CR	CR	CR	CR	CR	CR
	Legal Entity: HUMBOLT COUNTY		Α	В	C	D	E	F	G
Le	gal Entity Number: 00012 Mode: 15 - Outpatient Services (Progri	am 1)	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				01	10	30	60	70_	20
1_	Allocation Percentage		100.00%	19.38%	4.60%	28.84%	36.67%	7.29%	1.59
2_	Total Units	al Units			209,672	1,226,513	873,546	221,930	_67,77
3	Gross Cost		9,504,795	1,841,598	437,059	2,741,597	3,485,788	692,738	151,00
4	Cost per Unit			1.61	2.08	2.24	3.99	3.12	2.2
5	SMA per Unit			1.89	2.44	2.44	4.51	3.63	2.2
3	Published Charge per Unit			1.75	2.30	2.30	4.10	3.30	2.2
7	Negotiated Rate / Cost per Unit								
3		07/01/04 - 09/30/04		234,271	34,870	263,455	154,929	33,694	<u> </u>
ŠA	Medi-Cal Units	10/01/04 - 06/30/05		719,584	130,684	617,627	464,743	109,047	
)	44.5	07/01/04 - 09/30/04		,	,,,,,,,,,,	5,021	12,331	.50,547	
iΑ	Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05					27,449		
Ō	F-1	07/01/04 - 09/30/04		634	1,020	420	441		
ŌΑ	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05			9,030	3,660	1,744	613	
	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05			.,.,,,,				
1		07/01/04 - 09/30/04		1,741	1,879	3,366	1,744	10	
1A	Healthy Families (SED) Units	10/01/04 - 06/30/05		5,388	11,831	9,892	6,038	1,333	
	Non-Medi-Cal Units			181,594	20,358	328,093	204,127	77,233	67,77
		07/01/04 - 09/30/04	1,762,368	377.387	72,686	588,895	618,227	105,173	<u> Granificações</u>
3 3A	Medi-Cal Costs	10/01/04 - 06/30/05	5,007,041	1,159,176	272,409	1,380,568	1,854,505	340,382	
4	<del></del>	07/01/04 - 09/30/04	1,991,724	442,772	85,083	642,830	698,730	122,309	
4A	Medi-Cal SMA Upper Limits	10/01/04 - 06/30/05	5,677,724	1,360,014	318,869	1,507,010	2,095,991	395,841	
5		07/01/04 - 09/30/04	1,842,521	409,974	80,201	605,947	635,209	111,190	
5A	Medi-Cal Published Charges	10/01/04 - 06/30/05	5,245,689	1,259,272	300,573	1,420,542	1,905,446	359,855	
6		07/01/04 - 09/30/04	3,243,003	1,205,212	300,575	1,420,342	1,505,440	339,833	
6A	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05							
		parameter statement and the statement	<u></u>	<u> </u>	227-24-27-24-27-2	<u> </u>	<del>-1715-1-122-1-12</del>		. egerete eger
7	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04	49,205			i	49,205		
7A		10/01/04 - 06/30/05	109,532			1	109,532		
8	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04	55,613				55,613		
8A		10/01/04 - 06/30/05	123,795				123,795		
9	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04	50,557				50,557		
9A	<u>`</u>	10/01/04 - 06/30/05	112,541				112,541		
0	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
ÓΑ		10/01/04 - 06/30/05							
1	Enhanced SD/MC Costs	07/01/04 - 09/30/04	5,846	1,021	2,126	939	1,760		
īΑ	Entrained SD/MC Costs	10/01/04 - 06/30/05	35,877		18,823	8,181	6,959	1,913	
2	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	6,701	1,198	2,489	1,025	1,989		
2Α	Emanoed Solvic Sinia Opper Limits	10/01/04 - 06/30/05	41,054		22,033	8,930	7,865	2,225	
3	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04	6,230	1,110	2,346	966	1,808		
3 <b>A</b>	Linanced SDIMO Fubilished Charges	10/01/04 - 06/30/05	38,360		20,769	8,418	7,150	2,023	
4	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
4A	Entidated Ophial Megaliated Mates	10/01/04 - 06/30/05							
5	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	<u> andreadh an airtean</u>	<u> </u>	<u>arrestrastra</u>			<u>anang Pangs</u>	<u>. એપણી પૃત્રી ક</u>
		07/01/04 - 06/30/05	<del></del>					+	
		07/01/04 - 06/30/05		<del></del>					
		07/01/04 - 06/30/05	<del></del>	+	+			+	
	<u>aa gaa gaa gaa ka dhaa faa ah aa figaa agaa gaa gaa</u>		04 000					<del>ana ang d</del>	
빗	Healthy Families Costs	07/01/04 - 09/30/04	21,236	2,805	3,917	7,524	6,959	31	
PΑ		10/01/04 - 06/30/05	83,707	8,680	24,662	22,111	24,094	4,161	
	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	23,990	3,290	4,585	8,213	7,865	36	
ÞΑ		10/01/04 - 06/30/05	95,258	10,183	28,868	24,136	27,231	4,839	
I IA	Healthy Families Published Charges	07/01/04 - 09/30/04 10/01/04 - 06/30/05	22,294	3,047 9,429	4,322 27,211	7,742	7,150	4,399	
2		07/01/04 - 09/30/04	88,547	9,429	21,211	22,752	24,756	4,399	
2 2A		10/01/04 - 06/30/05		<del></del>		$\longrightarrow$	<del></del>	+	
_	<u>anagan aganagan kapi panagan aganagan ban</u>	10/01/04 - 00/30/03		ennernet er	Francisco de la constanta		and Open Other is	iga integrativa	on our street
3 1	Von-Medi-Cal Costs		2,429,983	292,529	42,436	733,379	814,546	241,077	151,0

MH 1966 (Rev. 7/05)

PAGE 2 OF 2 FISCAL YEAR 2004 - 2005

County: HUMBOLT COUNTY

$\overline{}$	County Code: 12		CR						
	Legal Entity: HUMBOLT COUNTY		H		<del> </del>	K	<del></del> _	M	N
Leg	gal Entity Number: 00012 Mode: 15 - Outpatient Services (Progr	Service	Service	Service	Service	Service	Service	Service	
	wide. 15 - Outpatient Services (Progra	am 1)	Function 22	Function	<u>Function</u>	Function	Function	Function	Function
1	Allocation Percentage		1.63%		<del> </del>	<del>-</del>	+	<del></del>	<del> </del>
2	Total Units					1	<u> </u>	<del>                                     </del>	
3	Gross Cost	155,011							
4	Cost per Unit	<u> </u>	673.96	******			1	1	*************
5	SMA per Unit		673.96						
6	Published Charge per Unit		673.96						
<i>[</i>	Negotiated Rate / Cost per Unit				. * . * . * . * . * . * . * . * . * . *	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	47-1-1-7-1-1-1-1-7-7-1-1-1	 	!!!
8	Medi-Cal Units	07/01/04 - 09/30/04							
8A		10/01/04 - 06/30/05	L			<u> </u>	ļ	ļ	
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04				ļ	<del> </del>	ļ	<u> </u>
9A 10		10/01/04 - 06/30/05 07/01/04 - 09/30/04	<b>├</b> ──		ļ	<del> </del>	<del> </del>	<del> </del>	
10A	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05	<del></del>			<del>  -</del>	<del> </del>	<del> </del>	<del> </del>
	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05					†	<del> </del>	
11	Healthy Families (SED) Units	07/01/04 - 09/30/04					1		
11A		10/01/04 - 06/30/05							
12	Non-Medi-Cal Units		230		· · · · · · · · · · · · · · · · · · ·				
13	Medi-Cal Costs	07/01/04 - 09/30/04							3.3.1.1.1.1.1.1.1.1.1
13A	Medi-Cai Costs .	10/01/04 - 06/30/05							
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04							
14A		10/01/04 - 06/30/05				ļ	<del> </del>	ļ	
15 15A	Medi-Cal Published Charges	07/01/04 - 09/30/04					<del>                                     </del>	l	
16		10/01/04 - 06/30/05 07/01/04 - 09/30/04	<del></del>			ļ	<del> </del>	<del> </del>	
16A	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05				<del></del>		<del>                                     </del>	
17	<u> an a filosopia an farantia en africa di agrada an africa a farantia an a</u>	07/01/04 - 09/30/04	<del>rantoria, ranto</del>	***************************************	<u> 1111 (111)</u>		<u> </u>		<u> </u>
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05				ļ	<del> </del> -	<del> </del>	
10		07/01/04 - 09/30/04					<del> </del>	<del> </del>	
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05			·		<del>                                     </del>		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
19A	Wiedlcare/Wedi-Car Crossover Fublished Charges	10/01/04 - 06/30/05							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04						ļ	
20A		10/01/04 - 06/30/05			andraniana.	tanas <del>Gran</del> as sasara	***********		**********
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04							
21A		10/01/04 - 06/30/05							
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04						ļ <del>-</del>	
22A		10/01/04 - 06/30/05 07/01/04 - 09/30/04				<del> </del>	<b> </b> -	├───┤	
23A	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05	+					<del>                                     </del>	
74	Enhanced CDMAC Name State of Dates	07/01/04 - 09/30/04							
24A	Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05							
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	<u>. e e. </u>	<u></u>	<u> </u>	4,000,000,000	<u></u>
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	<del></del>			·			
		07/01/04 - 06/30/05							
8 !	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
9		07/01/04 - 09/30/04	<u> </u>				201-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u> </u>	<u> </u>
9A	Healthy Families Costs	10/01/04 - 06/30/05	<del></del>						
0.	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04							
	ricelluly retinies SWA Opper Littles	10/01/04 - 06/30/05							
OA	07/01/04 - 09/		· T	7					
10A	Healthy Families Published Charges		+						
10A 11A	Healthy Families Published Charges	10/01/04 - 06/30/05							
10A 11A	Healthy Families Published Charges Healthy Families Negotiated Rates								

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: HUMBOLT COUNTY

County Code: 12			MHS	MHS	ASO			_
Legal Entity: HUMBOLT COUNTY					D	E	F	G
Legal Entity Number: 00012	-l l	Service	Service	Service	Service	Service	Service	
Mode: 15 - Outpatient Services (Progr	ram 2)	Mode Total	Function	Function	Function	Function	Function	Function
4 Allegation Description	100.00%	30 92.34%	60 3.33%	30			<del></del>	
1 Allocation Percentage	Total Units				4.33%			<del> </del> -
				3,320	6,465		<del>                                     </del>	<del> </del>
				4,179	5,435	<u> </u>	afaran faratabaran	
4 Cost per Unit			1.02	1.26	0.84			
5 SMA per Unit			2.44	4.51	2.44			
6 Published Charge per Unit								
7 Negotiated Rate / Cost per Unit								
8	07/01/04 - 09/30/04		22,591	95	1,800			· · · · · · · · · · · · · · · · · · ·
8A Medi-Cal Units	10/01/04 - 06/30/05		83,484	1,400	4,665			
	07/01/04 - 09/30/04							
Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05						-	
10	07/01/04 - 09/30/04		660					
10A Enhanced SD/MC Units	10/01/04 - 06/30/05	Historia de la compansión de la compansi	5,280	315		<del></del>		
10B Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05						<del> </del>	
11	07/01/04 - 09/30/04						<del>                                     </del>	
Healthy Families (SED) Units	10/01/04 - 06/30/05		<del></del>					
12 Non-Medi-Cal Units			1,350	1,510			<b></b>	
						<u>umadipada</u> i		
13 Medi-Cal Costs	07/01/04 - 09/30/04	24,712	23,080	120	1,513			
13A	10/01/04 - 06/30/05	90,974	85,290	1,762	3,922			
14 Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	59,942	55,122	428	4,392			
14A	10/01/04 - 06/30/05	221,398	203,701	6,314	11,383		L	
Medi-Cal Published Charges	07/01/04 - 09/30/04	<b></b>						
15A	10/01/04 - 06/30/05							
16 Medi-Cal Negotiated Rates	07/01/04 - 09/30/04	<b>└</b> ──-						
16A Medi-Gai Negotiated Nates	10/01/04 - 06/30/05	1				. <del></del> <del></del>	<del></del>	
17 Manufacture Manufacture Control	07/01/04 - 09/30/04						2.	
17A Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05							
10	07/01/04 - 09/30/04							
18A Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05							
10	07/01/04 - 09/30/04							
19A Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05							
20	07/01/04 - 09/30/04	i						
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05							
		674	674					<u>चन्त्रज्ञ</u> ्चलस्य
Enhanced SD/MC Costs	07/01/04 - 09/30/04	674	674		<del></del> +			
21A Chilaneed Spirito Gosto	10/01/04 - 06/30/05	5,791	5,394	397				
Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	1,610	1,610					
[22A]	10/01/04 - 06/30/05	14,304	12,883	1,421				
Enhanced SD/MC Published Charges	07/01/04 - 09/30/04	<b> </b>						
23A	10/01/04 - 06/30/05	⊢		}				
Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04		+	——— <del> </del>				
24A Children School Regulates Traces	10/01/04 - 06/30/05			31,11,11,11,12,12,11,11			(3,2,2,1,2,2,2,3,2,2,2,2,2,2,2,2,2,2,2,2,	
25 Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05							
27 Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05							
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
20	07/01/04 - 09/30/04	eranding, religion i		***************************************		<u> </u>	Service Contraction	<u>, , , , , , , , , , , , , , , , , , , </u>
29 Healthy Families Costs	10/01/04 - 06/30/05			—-—-i	+			
20	07/01/04 - 09/30/04	<del></del> -			<del></del>	+		
30A Healthy Families SMA Upper Limits	10/01/04 - 09/30/04	<del></del> +						
21	07/01/04 - 09/30/04	├───		+	<del></del>			
Healthy Families Published Charges		<u> </u>						
31A Treatity Farmes Fabrica Granges	10/01/04 - 06/30/05	<del></del> +						
Healthy Families Negotiated Rates	07/01/04 - 09/30/04	<del></del>		——-	+			
32A	10/01/04 - 06/30/05			<u> </u>		000000000000000000000000000000000000000	<u> </u>	
33 Non-Medi-Cal Costs		3,280	1,379	1,901				

#### DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

	County: HUMBOLT COUNTY County Code: 12				REMBURS	SEMENT TYPE	Costs		Costs		1	Costs	1
_	Legal Entity: HUMBOLT COUNTY		Α_	В	c	D	E	F	G	Н		J	K
Leg	al Entity Number: 00012		-	Mode 55		Total	Total Inpatient				Total Outpatient	}	Total Outpatient
			S. F.'s 01-09	S. F 's 11-19, 31-39	S. F.'s 21-29	MAA	Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Exclude Program (2)	Mode 15 Outpatient Services Program (2)	(Col I + Col. J)
1	Medi-Cal Costs	07/01/04 - 09/30/04	3. 7. 3 01-03	31-35	3 7 3 21-25		227,084	Services	169,804	1,762,368	1,932,172	_ 24,712	1,956,884
1A		10/01/04 - 06/30/05 07/01/04 - 09/30/04					761,783 271,584		450,366 253,579	5,007,041 1,991,724	5.457.407 2.245,303	90.974 59.942	5,548,381 2,305,246
2A	Medi-Cal SMA	10/01/04 - 06/30/05					904,541		672,561	5,677,724	6,350,285	221,398	6,571,682
2 2A 3 3A	Medi-Cal P. C.	07/01/04 - 09/30/04 10/01/04 - 06/30/05					262,350 933,900		222,060 593,140	1,842,521 5,245.689	2.064.581 5.838.829		2.064.581 5.838.829
4 4A	Medi-Cal N. R.	07/01/04 - 09/30/04					335,500		333,140	3,240,000	<u> </u>		3,030,029
4A		10/01/04 - 06/30/05					www.	<u> </u>	0.000				
5 5A	Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04 10/01/04 - 06/30/05					227,084 761,783		169,804 450,366	1,762,368 5,007.041	1,932,172 5,457,407	24.712 90.974	1,956,884 5,548,381
6	Medicare/Medi-Cal Crossover Cost	07/01/04 - 09/30/04					87,136			49,205	49,205		49.205
6A		10/01/04 - 06/30/05 07/01/04 - 09/30/04					402,628 105,975			109.532 55,613	109.532 55.613		109,532 55,613
7 <u>A</u>	Medicare/Medi-Cal Crossover SMA	10/01/04 - 06/30/05					489,679			123,795	123.795		123.795
8 8A	Medicare/Medi-Cal Crossover P. C.	07/01/04 - 09/30/04 10/01/04 - 06/30/05	(				95,700 442,200			50.557 112.541	50,557 112,541		50.557 112,541
9 9A	Medicare/Medi-Cal Crossover N. R.	07/01/04 - 09/30/04 10/01/04 - 06/30/05											
10 10A	Medicare/Medi-Cal Crossover Gross Reim.	07/01/04 - 09/30/04 10/01/04 - 06/30/05					87,136 402,628		i di con della con	49.205 109.532	49,205 109,532		49,205 109,532
11_	Table 1	07/01/04 - 09/30/04					314.220		169,804	1,811,573	1.981.377	24,712	2,006,090
11A	Total SD/MC + Crossover Gross Reim.	10/01/04 - 06/30/05					1,164,411		450,366	5,116,573	5,566,939	90,974	5,657,913
12 12A	Enhanced SD/MC (Children) Cost	07/01/04 - 09/30/04 10/01/04 - 06/30/05							2,132	5.846 35,877	5.846 38,008	674 5,791	6.520 43,799
13 13A	Enhanced SD/MC (Children) SMA	07/01/04 - 09/30/04 10/01/04 - 06/30/05							3,183	6,701 41,054	6,701 44,237	1.610 14,304	8,311 58,541
14 14A	Enhanced SD/MC (Children) P. C.	07/01/04 - 09/30/04 10/01/04 - 06/30/05					<b></b>		2,880	6,230 38,360	5,230 41,240		6,230 41,240
15 15A	Enhanced SD/MC (Children) N. R.	07/01/04 - 09/30/04 10/01/04 - 06/30/05							2,000	20.000	714270		71,240
16 16A	Enhanced SD/MC (Children) Gross Reim.	07/01/04 - 09/30/04 10/01/04 - 06/30/05							2.132	5,846 35,877	5,846 38,008	674 5,791	6,520 43,799
	Enhanced SD/MC (Refugees) Cost	07/01/04 - 06/30/05						angha katigu ya sangha b	, <u>, , , , , , , , , , , , , , , , , , </u>	er e	*************	<u>ranga panggara</u>	
18	Enhanced SD/MC (Refugees) SMA	07/01/04 - 06/30/05											
19		07/01/04 - 06/30/05 07/01/04 - 06/30/05											
21	Total Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04					314,220	(*************************************	169,804	1,817,420	1,987,223	25,387	2.012,610
21A		10/01/04 - 08/30/05					1,164,411		452,498	5,152,449	5,604,947	96,764	5,701,712
1		07/01/04 - 06/30/05 07/01/04 - 09/30/04					20 525	aredesses	4.703	04 200	05.025		05.000
23 23A		10/01/04 - 06/30/05					22,535		3,318	21.236 83.707	25,938 87,026		25,938 87,026
24	Healthy Families SMA	07/01/04 - 09/30/04					19.185		7,023	23,990	31,013		31.013
24A 25	Healthy Families P. C.	10/01/04 - 06/30/05 07/01/04 - 09/30/04					24,750		4,956 5,680	95,258 22,294	100,213 27,974		100,213 27,974
25A	Healthy Farmines P. C.	10/01/04 - 06/30/05 07/01/04 - 09/30/04							4,210	88,547	92.757		92,757
26 26A	Healthy Families N. R.	10/01/04 - 06/30/05									- Synasidya		
27 27A		07/01/04 - 09/30/04 10/01/04 - 06/30/05					22.535	200000000000000000000000000000000000000	4,703 3,318	21.236 83.707	25.938 87,026		25,938 87,026
28		07/01/04 - 09/30/04		***************************************			80,659			10,758	10.758		10.758
28 28A	SD/MC + Crossover Revenue	10/01/04 - 06/30/05					305,224		2,574	34,853	37,427		37,427
29 30	Enhanced SD/MC (Children) Revenue Enhanced SD/MC (Refugees) Revenue						<del></del>						
31	Healthy Families Revenue							.,,.,.,.,.				************	
32	Total Expenditures from MAA (Mode 55)					and the second second							
33	Medi-Cal Eligibility Factor (Average) Revenue - MAA			100000000									
35	Net Due - SD/MC for Direct Services	07/01/04 - 09/30/04				00000000	233.561	00000000	169.804	1,806,662	1.976,465	25,387	2.001,852
35A	Net Due - Enhanced SD/MC (Refugees)	10/01/04 - 06/30/05					859,187		449,924	5.117.596	5,567,520	96,764	5,664.285
37 37A	Not Due Harthy Families	07/01/04 - 09/30/04 10/01/04 - 06/30/05					22,535		4,703 3,318	21,236 83,707	25,938 87,026		25,938 87,026
F	Amount Negotiated Rates Exceed Costs	300000000000000000000000000000000000000											
38 38A	CDAIC (making Children)	07/01/04 - 09/30/04											
38A 39	Enhanced SD/MC (Refugees)	10/01/04 - 06/30/05											
39 40 40A	Healthy Families	07/01/04 - 09/30/04 10/01/04 - 06/30/05											
HUA		10/0 1/04 - 00/30/05	<u> 1935-1943 (1947)</u>	<u>caracteris</u>	<u>-1949 (1916)</u>	<u> 2-2-1-12-1-12-13-1</u>						<u> </u>	

#### SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: HUMBOLT COUNTY
County Code: 12

Legal Entity: HUMBOLT COUNTY		A	В	С	D	E	F	G	Н	T	J
Legal Entity Number: 00012		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable %	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County	Only)										
1 County SD/MC Direct Service Gross Reimburse	ement		1,478,631	7,714,322	9,192,953						
2 Contract Providers Medi-Cal Direct Service Gro	ss Reimbursement			2,489,135	2,489,135						
3 Total Medi-Cal Direct Service Gross Reimburse	ment				11,682,088						
4 Medi-Cal Administrative Reimbursement Limit					1,752,313						
5 Medi-Cal Administration					1,069,998						
6 Medi-Cal Administrative Reimbursement					1,069,998	534,999					534,999
Healthy Families Administrative Reimbursemen	t (County Only)										
7 County Healthy Families Direct Service Gross R	eimbursement		22,535	112,964	135,499						
7A Contract Providers Healthy Families Direct Serv	ice Gross Reim.										
7B Total Healthy Families Direct Service Gross Rei	mbursement				135,499						
8 Healthy Families Administrative Reimbursemen	Limit				13,550						
9 Healthy Families Administration					16,148						
10 Healthy Families Administrative Reimbursemen					13,550				8,807		8,807
SD/MC Net Reimbursement for MAA	· · · · · · · · · · · · · · · · · · ·										
11 Medi-Cal Admin. Activities Svc Functions 01 - 0	9										
12 Medi-Cal Admin. Activities Svc Functions 11 - 1	9, 31 - 39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 2	9 (County Only)										
14 Utilization Review-Skilled Prof. Med. Personnel	(County Only)				291,334					218,501	218,501
15 Other SD/MC Utilization Review (County Only)					142,969	71,485					71,485
16	07/01/04 - 09/30/04		233,561	1,995,332	2,228,893		1.114.446				1,114,446
16A SD/MC Net Reimbursement for Direct Services	10/01/04 - 06/30/05		859,187	5,620,486	6,479,673			3,239,836			3,239,836
17 · Fabrand CDMC Nat Bainty (Children)	07/01/04 - 09/30/04			6,520	6,520				4.238		4,238
17A Enhanced SD/MC Net Reimb. (Children)	10/01/04 - 06/30/05			43,799	43,799				28,469		28,469
18 Enhanced SD/MC Net Reimb. (Refugees)											
19 Total SD/MC Reimbursement Before Excess FF	<u></u>										5,211,974
20 Amount Negotiated Rates Exceed Costs - SD/M	C & Enh. SD/MC				************						
21 Total SD/MC Reimbursement (FFP)											5,211,974
22 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)											5,211,974
24 Markin Familia Not Baimburgan	07/01/04 - 09/30/04		22,535	25,938	48,473				31.508		
Healthy Families Net Reimbursement	10/01/04 - 06/30/05		22,333	23,938 87,026	87,026						31,508
25 Total Healthy Families Reimbursement Before E				67,026	87,020				56,567		56,567
26 Amount Negotiated Rates Exceed Costs - Health											96,882
27 Total Healthy Families Reimbursement	iy i airimes										06 883
zi (Total rieality Families Reimbulsement			<u> Managarina (1</u> 14)	<u>angagang renggal</u>			<u>anamidah dali</u>				96,882